

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Feb-26**

Conventional or Direct Filtration

System Name: **Adair Village** **1-00003** **WTP : TP -**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1	OFF	OFF	OFF	OFF	OFF	OFF	
2	OFF	OFF	0.09	0.11	0.09	OFF	0.11
3	OFF	OFF	OFF	OFF	OFF	OFF	
4	OFF	OFF	0.09	0.09	0.08	OFF	0.09
5	OFF	OFF	OFF	OFF	OFF	OFF	
6	OFF	OFF	0.08	0.08	0.08	OFF	0.08
7	OFF	OFF	OFF	OFF	OFF	OFF	
8	OFF	OFF	OFF	OFF	OFF	OFF	
9	OFF	OFF	0.09	0.07	0.07	OFF	0.09
10	OFF	OFF	OFF	OFF	OFF	OFF	
11	OFF	OFF	0.07	0.06	0.06	OFF	0.07
12	OFF	OFF	OFF	OFF	OFF	OFF	
13	OFF	OFF	0.08	0.07	0.08	OFF	0.08
14	OFF	OFF	OFF	OFF	OFF	OFF	
15	OFF	OFF	OFF	OFF	OFF	OFF	
16	OFF	OFF	OFF	OFF	OFF	OFF	
17	OFF	OFF	OFF	OFF	OFF	OFF	
18	OFF	OFF	0.08	0.09	0.08	OFF	0.09
19	OFF	OFF	OFF	OFF	OFF	OFF	
20	OFF	OFF	0.11	0.09	0.09	OFF	0.11
21	OFF	OFF	OFF	OFF	OFF	OFF	
22	OFF	OFF	OFF	OFF	OFF	OFF	
23	OFF	OFF	0.09	0.09	0.09	OFF	0.09
24	OFF	OFF	OFF	OFF	OFF	OFF	
25	OFF	OFF	0.08	0.08	0.07	OFF	0.08
26	OFF	OFF	OFF	OFF	OFF	OFF	
27	OFF	OFF	0.08	0.07	0.07	OFF	0.08
28	OFF	OFF	OFF	OFF	OFF	OFF	
29	OFF	OFF	OFF	OFF	OFF	OFF	
30	OFF	OFF	OFF	OFF	OFF	OFF	
31	OFF	OFF	OFF	OFF	OFF	OFF	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: Maft Lydon	
	SIGNATURE: 	DATE: 3/9/26
	503-302-4317	CERT #: 8763

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name: Adair Village	ID#: 41 00003	Month/Year: 26-Feb	Disinfection <i>Giardia</i> Log Inactive: 1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1								
2	1.05	74	77.7	10.4	7.33	42.4	YES	658
3								
4	1.09	74	80.7	10.2	7.38	43.9	YES	650
5								
6	1.14	74	84.4	10.2	7.44	45.1	YES	644
7								
8								
9	1.03	74	76.2	9.8	7.52	47.1	YES	647
10								
11	1.19	74	88.1	10.2	7.55	47.2	YES	641
12								
13	1.27	74	94.0	10.2	7.58	48.1	YES	636
14								
15								
16								
17								
18	0.94	74	69.6	10.1	7.37	43.3	YES	668
19								
20	1.18	74	87.3	10.2	7.33	43.6	YES	652
21								
22								
23	1.04	74	77.0	10.4	7.41	43.6	YES	661
24								
25	1.24	74	91.8	10.3	7.47	45.8	YES	643
26								
27	1.33	74	98.4	10.5	7.39	44.4	YES	631
28								
29								
30								
31								

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350